isolated cases do occur; but I appeal to the experience of those who have seen a great deal of this disease, whether recovery is not a rare thing after we are satisfied that the exudation has spread into the air-passages. The great object of treatment is to subdue the disease before this has occurred; and in a great majority of cases, under proper management, the symptoms will yield and disappear; but in others it will advance, notwithstanding the most sedulous attention, and prove fatal in a very large number, as the returns of the Registrar-General will show. In an advanced stage, it is not very difficult to assert that the case will certainly prove fatal; and even then, if the tendency to death is by apnœa, more than asthenia, the operation ought to be had recourse to without delay.

"But I believe that, in an earlier stage than this, the operation would be much more successful. When the medical treatment has been fairly tried, and failed to arrest the disease; when the respiration begins to be laboured and crowing—the result of exudation into the larynx—then, I think, is the time to operate. In almost all cases, the symptoms become aggravated; and the strength is worn out by the struggle before the relief is given, if not taken at that point. I am convinced that further experience will enable medical men to ascertain a stage at which the operation will be justifiable, with a fair prospect of success.

"The operation is one that every practitioner ought to hold himself prepared to undertake on an emergency; still it is one difficult of execution, and to be gone about with great caution. In children, the trachea lies very deep; and the encroachment of the thymus gland from below, and the isthmus of the thyroid from above, leave a very small space in which the incision can with safety be made. The continual movements of the trachea, caused by the obstructed respiration, render it difficult to be reached with safety. The steps of the operation should be proceeded with, quietly, calmly, slowly, and with great regularity. The operator should dissect carefully down to the trachea. Layer after layer of tissue must be carefully divided, and held aside till the rings of the trachea can be seen clearly at the bottom of the wound. Any bleeding must be arrested before the opening is made. When the tracheal rings are fairly exposed, a sharp hook is to be placed at the upper part, and a bistoury plunged firmly into the tube, and made to cut a slit nearly a quarter of an inch long. After the spasm attending the opening has subsided, the tube can usually be easily introduced.

"In the after management of the case, the points I have found most essential are, to keep the tube clear; to diffuse some steam through the apartment; and to give milk or beef-tea, and perhaps a little wine or some kind of fluid nourishment. The trachea soon becomes tolerant of the tube, which can be retained five or even seven days, if need be."—*British Med. Journ.*, Sept. 17, 1864.

29. *New Mode of Amputating the Thigh at the Knee.*—At the recent annual meeting of the Association of German Naturalists and Physicians at Giessen, the section on surgery had a lively discussion on the merits of a new mode for amputating the thigh at the knee, excogitated by Gritti; in it the thigh-bone is sawn off through the condyles, or at the epiphysal line, and the anterior flap is allowed to retain the patella, which it is intended to heal upon the sawn surface of the femur. Dr. Lücke had done this operation in four cases. The first was that of a soldier, who had received a shot into the knee at Missunde; he died in the second week, of purulent discharges; the patella was not united to the femur. The second case dated from the storming of Düppel. Here the patella became firmly united with the saw-cut on the femur, and the patient had an excellent stump; the cicatrix was behind, and had not to sustain any pressure during walking on the stilt-foot. The third and fourth cases both ended fatally. Dr. Lücke communicated another case, from Rotterdam, in which the patella had been perfectly united with the section of the femur. Professor Wagner, of Königsberg, next detailed the result of the dissection of a case of Gritti's operation, which had recovered, but died subsequently of kidney disease. The patella was riding upon the anterior edge of the cut surface of the femur, was thickened and bent, and united to the femur by connective tissue only. Professor Bardeleben, of Greifswalde, preferred amputation in the lower third of the femur to

Gritti's operation. Dr. Heine had collated twelve cases of Gritti's operation, made during the last campaign. Two only were successful; one was the case of Lücke already mentioned; the other, a case in the Austrian hospital at Altona, which had been operated upon immediately after the sea-fight near Heligoland. All the others died of pyæmia.—*British Medical Journal*, Oct. 29, 1864.

30. *Strangulation of the Spermatic Cord as a Substitute for Castration.*—A man, aged 70, was admitted into the Orvieto Hospital, having had for twenty years an encephaloid tumour of the right testis. The tumour was large, uniformly soft and elastic; but non-fluctuating and opaque. The patient had lancinating pains extending along the cord into the abdominal cavity. Instead of excising the tumour M. Reali performed the following operation. Standing to the right of the patient, he seized the spermatic cord with the thumb and fingers of his left hand, and raised the part so as to make the skin tense. An incision an inch and a half long was then made, and the cord was laid bare. The operator then opened the sheath, and, by means of a needle introduced a strong thread by means of which he rapidly and completely strangled the end. The thread was tied tightly, and the ends were left between the edges of the incision. The result of the operation was very satisfactory. The ligature was detached on the fifteenth day. Two months after the operation, the wound was entirely cicatrized, and the volume of the tumour had diminished nearly one-half. The tumour continued to decrease; and, ten months after the operation, the testis had returned to its normal size. The cure was permanent. A second operation of the same kind performed on a man 40 years of age, was less fortunate; the patient died of the sequelæ of the operation. In a third patient, a young man aged 23, who had an almost stony enlargement of the testis with a slight serous collection, the result was as satisfactory as in the first case. The testis, which had been four times as large as the other, was reduced almost to its normal size. —*Brit. Med. Journ.*, Sept. 3, from *Annali Universali de Medicina.*

31. *Ovarian Extirpations.*—Dr. Chas. Clay publishes (*Glasgow Medical Journal*, Oct. 1864), a report of his 109th and 110th cases of ovarian extirpation and gives the following tabular results of all his abdominal operations for the last twenty-two years, *i. e.*, from 1842 to 1864.

Cases from 1842 to 1864.	Number.	Recoveries.	Deaths.
Ovarian Extirpations	110	76	34
Cæsarian section	1	0	1
Entire removal of uterus and appendages (being fibroids), through the parietes abdominales	3	1	2
Cutting down upon ovarian tumours (in cases of almost universal adhesions), to reduce their bulk from within, and setting up ulceration where removal was impossible	4	4	0
Cysts tapped and injected with tincture of iodine	6	4	Two filled again.
Total results	124	85	37

It will be here seen, that in my practice of twenty-two years, the recoveries in operations of ovariotomy alone are about seventy per cent.—a result that I cannot but consider flattering. The reader will also observe, that during the above period I have extirpated three fibroid uteri with their appendages entire, through the abdominal parietes, as in ovariotomy. These I believe to be the first operations known of the kind. The first and second operations were in 1844, and the last in January, 1863, and reported in the *London Obstetrical Society's Transactions*, vol. v. I mention these particularly, because Professor Koeberl operated similarly on a fibroid uterus on April 20, 1863, and stated his to be the first operation of the kind in the world; whereas my first and second operations were nineteen years, and my last some months, prior to his operation. The fibroid in my last case weighed eleven pounds.